

SECTION V EXHIBITS

LETTER OF INTENT TO BID FOR RFP DOF-BIS-010

Direct the Letter of Intent to Bid to the individual shown below:

Karen Miyao
Department of General Services
Procurement Division
707 3rd Street, 2nd Floor
West Sacramento, California 95605

Telephone: (916) 375-4498
Fax: (916) 375-4505
E-mail: Karen.miyao@dgs.ca.gov

Bidder shall specify by checking one of the following regarding their present intent in response to the above referenced RFP.

- ☐ Submit a bid and has no problem with the RFP requirements
- ☐ Submit a bid, but has one or more problems with the RFP requirements for the reasons stated in this response (specify below)
- ☐ Does not intend to submit a bid, for reasons stated in this response, and has no problem with the RFP requirements
- ☐ Does not intend to submit a bid because of one or more problems with the bid for reasons stated in this response (specify below)

The individual to whom all information regarding this RFP should be transmitted is:

Company Name: _____

Contact Person: _____

Address: _____

City, State, & Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address _____

Sincerely,

Signature

Date

Print Name and Title: _____

If not submitting a bid and/or bidder has one or more problems with the RFP requirements, please state below: _____

Conflict of Interest Certification

The Department of Finance (Finance) intends to avoid any conflicts of interest or the appearance of conflicts of interest on the part of the bidder/contractor, subcontractors, or employees, officers or directors of the bidder/contractor or subcontractors. Finance reserves the right to determine, at Finance's sole discretion, whether any information received from any source indicates the existence of a potential or actual conflict of interest.

I certify that I have no economic interest incompatible with my involvement with Finance's Budget Information System (DOF-BIS-010) Project. I certify that neither my spouse, registered domestic partner, nor my dependent child(ren) have a financial interest and no present employment which would be incompatible with my participation in the BIS Project. For the duration of my involvement in the BIS Project, I agree not to accept any gift, benefit, gratuity or consideration, or begin a personal or financial interest with any business entity which may benefit from any solutions proposed for the BIS Project.

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Deleted: I further certify that I have not, within the past 12 months and I am not currently discussing employment or investment opportunities which would present a Conflict of Interest with my involvement in the BIS Project.

As an authorized representative of the company named below, I certify that: (Check one)

- ☐ I have read the statements above and certify that no conflict of interest exists that would jeopardize the ability of the bidder/contractor to perform the contract.
- ☐ A suspected or potential conflict of interest exists, and additional information is attached along with a Conflict Avoidance Plan to address the possible conflict of interest.

Signature _____ Date _____

Print Authorized Representative Name and Title: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address _____

Return original signed certification with the Letter of Intent.

Keep copy for self (and contract/contractor's employer) if desired

Confidentiality Certification

As an authorized representative of the company named below, I certify that my company and its employees will not discuss, copy, give or otherwise disclose to any other party who has not signed a Confidentiality Certification any information concerning the planning, development, procedures, correspondence, working papers or any other information in any format which is made available to me as part of my duties with the BIS Project until such time as the information is no longer confidential.

I certify that only those employees who are authorized and required to use such information as part of their participation in the BIS Project will have access to it. I fully understand that any disclosure of confidential Project information may be a basis for civil penalties. I understand that once information is disclosed to the public by the state, the information is no longer confidential. I agree to follow any instructions provided by the state regarding the confidentiality of the BIS Project information.

I understand that if my company discontinues work on the BIS Project before it ends, my company must continue to keep confidential any BIS Project information until the information is no longer confidential.

Signature Date

Print Authorized Representative Name and Title:

Company Name:

Return original signed certification with the Letter of Intent.

Keep copy for self (and contract/contractor's employer) if desired

Deleted: I further certify that I will hold in the strictest confidence and will not copy, give or otherwise disclose to any other party, who has not signed a copy of this confidentiality agreement, information concerning the planning, processes, development, procedures, correspondence, working papers or any other information, in any form whatsoever, which is made available to me as part of my duties with the project until such time as said information is no longer confidential. I fully understand that any disclosure of confidential project information may be a basis for civil or criminal penalties and/or disciplinary action including dismissal or termination. I understand that once information is publicly disclosed by the state that information is no longer confidential.

I understand that if I discontinue work on the project before it ends (due to reassignment, resignation from government service, cancellation of contract, etc) I must continue to keep confidential any project information which was made available to me as part of my duties with the project until such time as said information is no longer confidential. I agree to follow any instructions provided by the state relating to the confidentiality of the BIS Project information.¶

¶ Signature: ... [1]

Deleted: your final proposal

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October 3, 2005 Addendum #3

Customer Reference

NOTE TO CUSTOMER REFERENCE: THE BIDDER FOR THIS REQUEST FOR PROPOSAL (RFP) IS GIVING YOU THIS CUSTOMER REFERENCE FORM TO VERIFY YOUR OVERALL SATISFACTION OF THEIR CONTRACT PERFORMANCE IN RELATION TO THE BID REQUIREMENTS OF THIS RFP.

Note: If Bidder has pre filled items 1 through 8, please verify information is correct.

1. Customer Reference Department Name: _____

2. Customer Level:

- ☐ State Government (specify): _____
☐ County Government (specify): _____
☐ City Government (specify): _____
☐ Subsection within a government (e.g., Port Authority) _____
☐ Non-Government (specify): _____

3. Customer Reference Contact Person: _____

4. Title of Customer Reference Contact Person: _____

5. Phone #: (____) _____

6. Customer Reference Contact Address (Mailing and e-mail):

Street: _____ City: _____ State: _____

E-mail address: _____

7. Duration of Service: _____ through _____

8. Dollar amount of Service: _____ (\$250,000 annual minimum)

Note: Items 9 through 12 are to be completed by the reference customer contact only.

9. Please provide a brief description of the work performed (use additional sheets if deemed necessary):

10. On a scale from one (1) to ten (10) with ten being the highest rating, for each of the following categories how would you rate the referenced contractor's Knowledge and Skills? (Please circle one number)

Group and meeting facilitation skills

1 2 3 4 5 6 7 8 9 10

Written, oral and presentation skills

1 2 3 4 5 6 7 8 9 10

Analytical skills

1 2 3 4 5 6 7 8 9 10

Knowledge of government budgeting, accounting, information technology, and procurement processes and practices

1 2 3 4 5 6 7 8 9 10

11. On a scale from one (1) to ten (10) with ten being the highest rating, for each of the following categories how would you rate the referenced contractor's Performance? (Please circle one number)

Quality of work products

1 2 3 4 5 6 7 8 9 10

Timeliness of Deliverables and Other Work Products

1 2 3 4 5 6 7 8 9 10

Effectiveness of bidder's personnel

1 2 3 4 5 6 7 8 9 10

Success of the Work Product (i.e., was the project successfully implemented?)

1 2 3 4 5 6 7 8 9 10

12. Customer Satisfaction Rating: On a scale from one (1) to ten (10) with ten being the highest rating, how would you rate your Overall Satisfaction with the referenced contractor? (Please circle one number)

1 2 3 4 5 6 7 8 9 10

Certification: *I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein and, to the best of my knowledge and belief all information is accurate.*

Customer Reference Contact Person Signature: _____

Small Business Preference Questionnaire

ALL BIDDERS – PLEASE CHECK THE APPROPRIATE LINE, SIGN AND DATE THIS FORM AND SUBMIT IT WITH YOUR PROPOSAL.

- ☐ I am a certified small business and **Small Business Preference** is applicable to this proposal. A copy of my certification from the Office of Small Business and DVBE Certification is attached.
- ☐ I have recently filed for Small Business Preference but have not yet received certification.
- ☐ I have read the section on Small Business Preference, and declare that I am **Not** a certified Small Business and am **Not** claiming the **Small Business Preference**.
- ☐ I am **Not** a certified Small Business but I am using a small and/or microbusiness as a subcontractor.

Name of Small Business: _____

Company Name: _____

Authorized Signature

Date

Print Name and Title: _____

Confidentiality and Non-Disclosure Agreement

This **Confidentiality and Non-Disclosure Agreement** certifies that all employees of the company identified below will apply confidentiality measures in compliance with the practices or procedures mandated by the Department of General Services or the Department of Finance regarding public information. All confidential information will remain the exclusive property of the Department of Finance. All requests from entities other than those related to this project must be approved by the Department of Finance Project Director.

On behalf of below company, I fully understand that disclosure of confidential information may be cause for civil penalties.

Company Name: _____

Authorized Representative: _____

Phone Number: _____ Fax Number: _____

E-mail Address _____

Signature

Date

Print Name and Title: _____

Department of Finance

Computer Security Policy

This policy applies to employees, contractors, consultants, temporaries, and other workers at the Department of Finance (Finance), including all personnel affiliated with third parties. This policy applies to all equipment that is owned or leased by employees, contractors, consultants, and temporaries including all personnel affiliated with third parties.

In order to secure Finance information technology (IT) resources and mitigate security vulnerabilities, all users shall use Finance IT resources responsibly and adhere to the following requirements:

1. Install antivirus software and ensure virus definition (DAT) files are, and remain, up-to-date.
2. Apply vendor-supplied patches/fixes necessary to repair security vulnerabilities.
3. When logging onto the Finance network for the first time, change your password (see instructions below if necessary).

To change password:

- a. Hold down Ctrl+Alt+Delete
 - b. From the Windows Security Dialog box, click **Change Password**
 - c. Enter your Temporary Password in the **Old Password** box
 - d. Enter your New Password (must be a minimum of 9 characters) in the **New Password** box
 - e. Reenter your New Password in the **Confirm New Password** box and click OK
4. Do not share your computer or network account(s) password with anyone. This includes family and other household members when work is being done at home.
 5. Read and comply with the Finance Computer Use Policy located at http://134.186.74.242/dof_insider/admin/APM/APM-3000.doc.

I have read and understand the Department of Finance Computer Security Policy.

Signature

Date

| October 3, 2005

Addendum #3

List of Proposed Subcontractors

Listed hereinafter is the name and address of each subcontractor who will be employed and the kind of work each will perform if the contract is awarded to the aforesigned. I hereby clearly set forth the name and address of each subcontractor who will perform work or render service to me in amount in excess of one-half of one percent (1/2 of 1%) of my total proposal and that, as to any work in which the subcontractor(s) fail to do so, I agree to perform that portion.

(Note: In case more than one subcontractor is named for the same kind of work (i.e., Chart of Accounts), state the portion that each is to perform.)

SUBCONTRACTORS

NAME AND ADDRESS

NOTE: For purposes of this proposal, a bidder will be considered to be the prime contractor.

Commercially Useful Function Certification

Date: _____

Name of Bidder: _____

On January 1, 2004, Chapter 623, Statutes of 2003, became effective and required all small business, microbusinesses and disabled veteran business enterprises to perform a “commercially useful function” in any contract they perform for the State.

A business that is performing a commercially useful function is one that does all of the following:

- Is responsible for the execution of a distinct element of the work of the contract
- Carries out its obligation by actually performing, managing or supervising the work involved
- Performs work that is normal for its business, services and function
- Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

The Bidder must provide a written statement below detailing the role, services and/or goods the subcontractor(s) will provide to meet the Commercially Useful Function requirement.

I further certify that I will hold in the strictest confidence and will not copy, give or otherwise disclose to any other party, who has not signed a copy of this confidentiality agreement, information concerning the planning, processes, development, procedures, correspondence, working papers or any other information, in any form whatsoever, which is made available to me as part of my duties with the project until such time as said information is no longer confidential. I fully understand that any disclosure of confidential project information may be a basis for civil or criminal penalties and/or disciplinary action including dismissal or termination. I understand that once information is publicly disclosed by the state that information is no longer confidential.

I understand that if I discontinue work on the project before it ends (due to reassignment, resignation from government service, cancellation of contract, etc) I must continue to keep confidential any project information which was made available to me as part of my duties with the project until such time as said information is no longer confidential. I agree to follow any instructions provided by the state relating to the confidentiality of the BIS Project information.

Signature:	Date:
Name:	Agency/Company:
Title:	Unit:
Position:	E-Mail Address:
Telephone:	Fax Number: